

CLEARANCE PROCESS TO IDENTIFY AND RESOLVE POTENTIAL CONFLICTS OF INTEREST FOR SGE ADVISORY COMMITTEE MEMBERS								
Committee Name						Forwarded By: (name and address)		
Appointing Official								
Date of Advisory Committee Meeting						Return To: (name and address)		
IC Deputy Ethics Counselor (DEC) <i>(Signature and Date)</i>								
Name of Member (including ex-officios)	SGE Date OGE 450 sent to member for updating	HHS Federal employee (SF 278 form on file) Date received	HHS Federal employee <i>(no</i> SF 278 form filed) Date OGE 450 sent to member for updating	Non-HHS Federal employee Date OGE 450 sent to member for updating	No New Waiver or Addendum Needed	New Waiver or AddendumA ttached	Date Waivers Sent to IC DEC	Comments: [Include reason why no new waiver or addendum attached, e.g. no change]